



STATE OF MARYLAND

DHMMH

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Public Health & Emergency Preparedness Bulletin: # 2008:04

Reporting for the week ending 01/26/08 (MMWR Week #04)

CURRENT HOMELAND SECURITY THREAT LEVELS

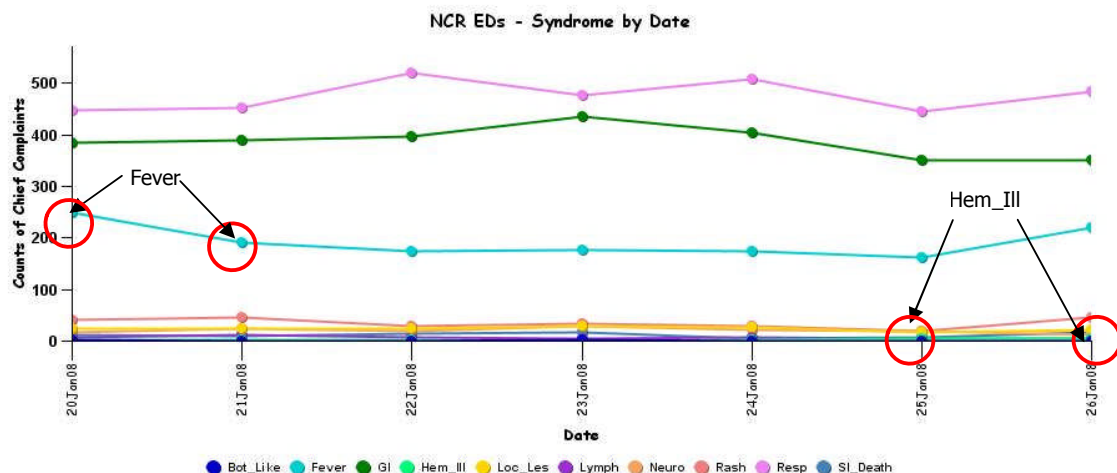
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

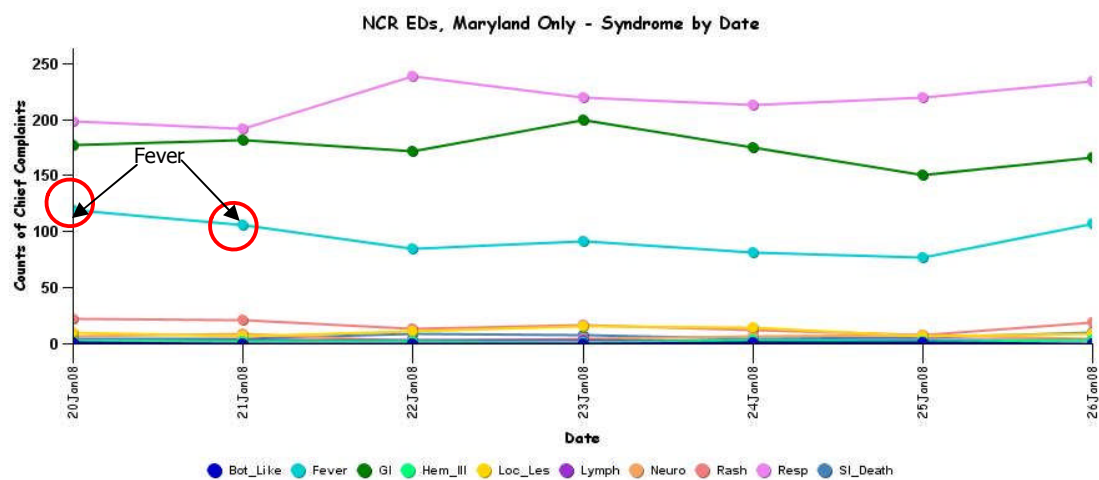
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

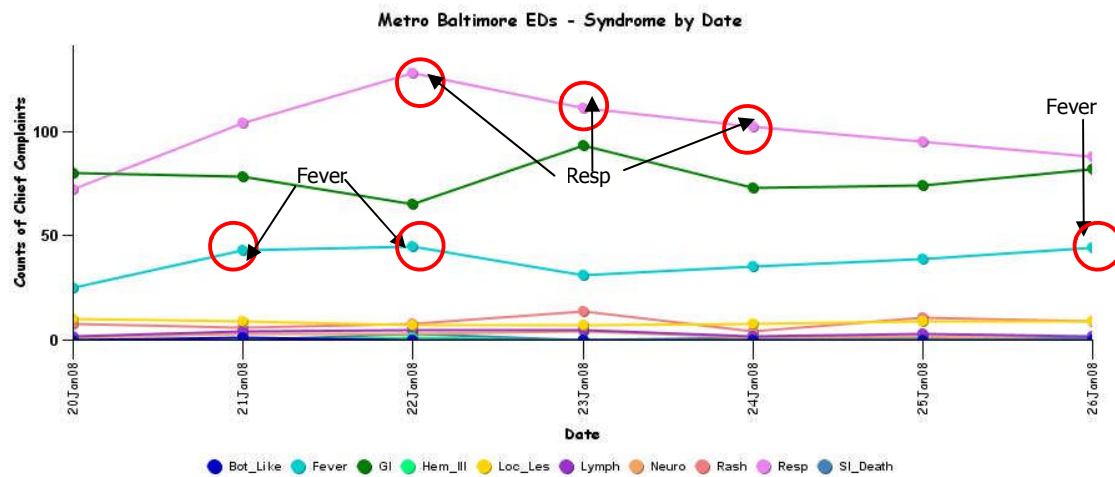
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



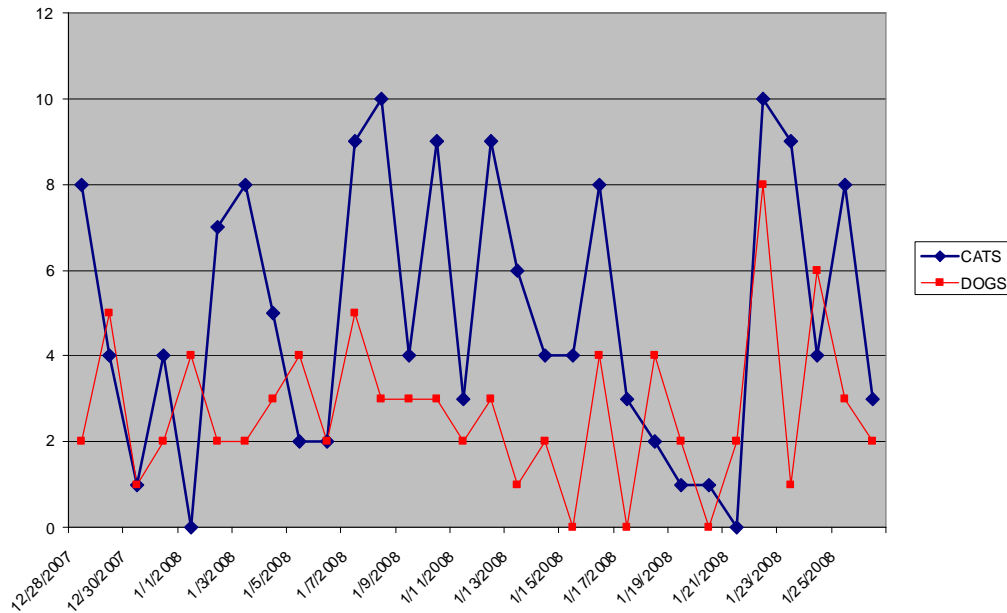
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

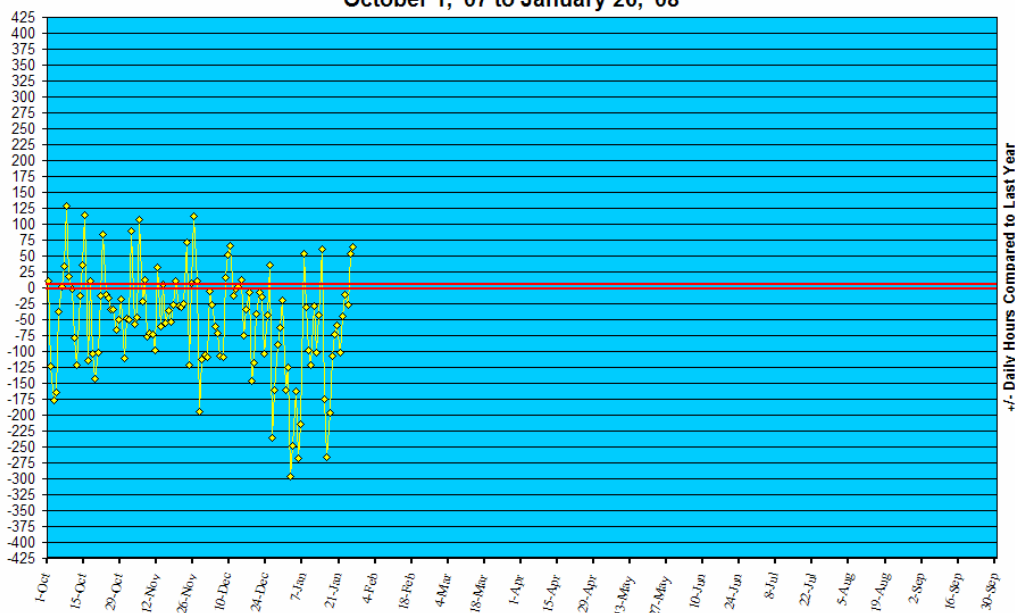
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to January 26, '08**



REVIEW OF MORTALITY REPORTS

OCME: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in Dec. 2007 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Jan 20 – 26, 2008):	3	1
Prior week (Jan 13 – 19, 2008):	9	0
Week#04, 2007 (Jan 21 – 27, 2007):	13	1

OUTBREAKS: 8 outbreaks were reported to DHMH during MMWR Week 4 (Jan. 20-Jan. 26, 2008):

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS associated with a Nursing Home

1 Foodborne Gastroenteritis outbreak

1 outbreak of FOODBORNE GASTROENTERITIS associated with a Restaurant

3 Respiratory illness outbreaks

1 outbreak of RESPIRATORY ILLNESS associated with an Assisted Living Facility
2 outbreaks of RESPIRATORY ILLNESS associated with Nursing Homes

3 Rash illness outbreaks

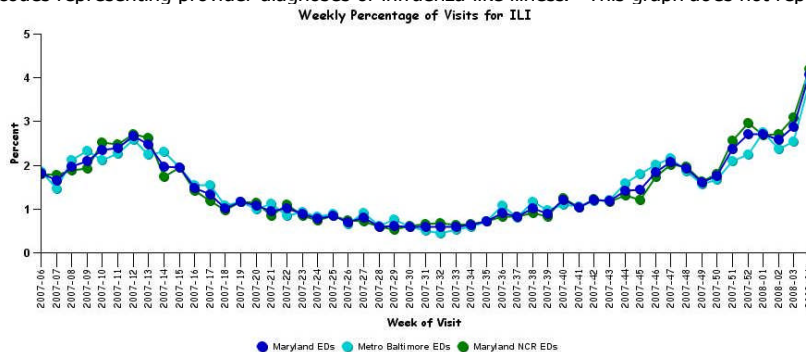
2 outbreaks of RASH ILLNESS associated with Schools
1 outbreak of RASH ILLNESS associated with a Nursing Home

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May.
To date this season, there have been 492 lab confirmed influenza cases in Maryland.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmmh.state.md.us/flu.htm>

WHO update: As of January 24, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 353, of which 221 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, HUMAN (Indonesia): 23 Jan 2008, A 30 year old man has been confirmed as the 120th bird flu victim in the nation worst hit by the virus, the health ministry said. The man is being treated in a Jakarta hospital for the disease, which has claimed 97 lives in Indonesia. A total of 2 laboratory tests on the man showed that he was infected with the highly pathogenic virus, a statement from the ministry's bird flu centre said on Jan 22. A total of 2 positive results of tests on blood and tissue samples are needed before Indonesian authorities can confirm a human bird flu infection. The man, who is from the Jakarta satellite city of Tangerang, was first admitted to a private hospital there on Jan 14. He was then referred to Jakarta's Persahabatan hospital on Jan 20 when his condition deteriorated. "His condition was very bad when he came in to hospital. The patient is now in intensive care with severe pneumonia," the head of the hospital's avian influenza team Dr Muchtar Ihsan said. He said the patient was believed to have contracted the virus from birds in his neighborhood. "It has been reported that there are swallow nests and poultry farms around the patient's home," Dr Ihsan said. The man was the eighth person from Tangerang to be confirmed with the disease since October 2007. The other 7 cases ended in death.

AVIAN INFLUENZA, HUMAN (Viet Nam): 24 Jan 2008, The Ministry of Health in Viet Nam has confirmed a new case of human infection of H5N1 avian influenza. The case has been confirmed by the National Institute of Hygiene and Epidemiology (NIHE). The patient is a 34-year-old male from Tuyen Quang Province. He developed symptoms on Jan 10, was hospitalized on Jan 16 and died on Jan 18. The patient had contact with sick and dead poultry prior to his illness. Poultry infected with H5N1 avian influenza were identified in the patient's village following his illness. Control measures have been implemented and close contacts have been identified. All remain healthy and will continue to be monitored. Of the 102 cases confirmed to date in Viet Nam, 48 have been fatal.

AVIAN INFLUENZA, HUMAN (Indonesia): 25 Jan 2008, The Ministry of Health of Indonesia has announced the death of a previously confirmed case of H5N1 infection. The 30-year-old male from Tangerang District, Banten Province, died on Jan 24. Of the 120 cases confirmed to date in Indonesia, 98 have been fatal.

AVIAN INFLUENZA (India): 26 Jan 2008, On Jan 25, bird flu appeared right at the doorstep of Kolkata with 2 more districts of West Bengal, Purulia and Howrah, falling prey to the deadly virus that has now spread to more than half of the state. Expert teams were accompanied by police force at many places in culling operations in view of resentment among many villagers fearing loss of livelihood. On Jan 25, the High Security Animal Disease Laboratory in Bhopal confirmed avian influenza (H5) in samples from Sankrail block of Howrah district and Santuri block of Purulia district, an official statement in Delhi said. The virus has now spread to more than half of the state's 19 districts. The 11 districts affected by bird flu are Birbhum, South Dinajpur, Murshidabad, Nadia, Burdwan, Bankura, Malda, Coochbehar, Hooghly, Purulia, and Howrah. The samples from Mayureswar-II and Khoyrasole blocks of Birbhum district and Kandi block of Murshidabad district have also tested positive for avian influenza, the statement said. Official sources in Kolkata said at least one million chickens have been culled in the 9 affected districts while 146,000 eggs have been destroyed as of Jan 24. At least 901 rapid response teams were deployed today in the state for carrying out culling and surveillance operations. Confirming the deadly H5N1 virus in Purulia, district magistrate Deepak Ranjan Kar said the avian flu surfaced at Ramchandrapur village under Santuri block in the district. Elsewhere in the state, expert teams had to seek help from police force at many places in culling operations. The force was sought to thwart any untoward incident, particularly in view of resentment among many villagers fearing loss of livelihood, Coochbehar district magistrate Rajesh Sinha said.

NATIONAL DISEASE REPORTS:

BOTULISM, CANNED BEANS, BEAN SALAD RECALL (Multi State): 22 Jan 2008, Kroger Co, the largest USA grocery chain, is recalling a bean salad sold at its deli counters in 14 states because of potential contamination that might cause botulism in consumers. The tri-bean salad was sold in Ohio, Kentucky, Indiana, Colorado, Illinois, Kansas, Michigan, Missouri, Nebraska, New Mexico, Utah, Washington, West Virginia, and Wyoming, Kroger said in a statement. The beans were sold to Kroger by New Era Canning Co, which issued an earlier voluntary recall of all canned green beans and garbanzo beans produced in the last 5 years, because they might be contaminated with germs that cause botulism, the

FDA said on its website. Kroger, based in Cincinnati, said no illnesses have been reported, and other salad products weren't affected by the recall, according to the statement. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, FISH, RECALL (New York, New Jersey, Maryland): 24 Jan 2008, Seoul Shik Poom, Inc. of Hillside, NJ, is recalling the following products because they have the potential to be contaminated with Clostridium botulinum, a bacterium, which can cause life-threatening illness or death: BG1103 / Bupsungpo Fz. Salted Yellow Croaker (bag) / 2.2 lbs; BG1121B / Polar Fz. Dried Yellow Croaker (bag) / 4.5 lbs; BG1121 / Polar Fz. Dried Yellow Croaker (bag) / 2.2 lbs; BG1122B / Polar Fz. Dried Yellow Croaker (bag) / 4.5 lbs; BG1124 / Choripdong Fz. Yellow Croaker (bulk box) / 29.73 lbs; BG1124A / Choripdong Fz. Yellow Croaker (bulk box) / 31.6 lbs; BG1123 / Choripdong Fz. Yellow Croaker (bulk box) / 30.83 lbs. Consumers are warned not to use these products even if they do not look or smell spoiled. Frozen Salted/Dried Yellow Croaker was distributed in New York, New Jersey and Maryland area. It reached consumers through retail stores. This product comes in a clear plastic bag and is individually tied with rope. The potential for contamination was noted after routine testing. No illnesses have been reported to date in connection with this problem. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

ANTHRAX, BOVINE (Australia): 22 Jan 2008, A bull has died from anthrax on a property at Stanhope, in Victoria's Goulburn Valley. The Department of Primary Industries says the animal was from a farm that was affected by last February's (2007) anthrax outbreak, when 37 cattle died. The property has been isolated and cattle on neighboring properties were vaccinated at the weekend. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, OVINE, SUSPECTED (India): 22 Jan 2008, The rumors of anthrax cases in Karvetinagaram in the Chittoor district, Andra Pradesh have created panic among villagers. A total of 7 people who ate meat of sheep that died due to illness were treated in hospital recently. Joint director of animal husbandry G Somasekharam said 7 sheep died due to unknown illness. Responding to complaints of a few villagers, who fell ill after consuming the meat of dead sheep, the Animal Husbandry Department sent tissues of animals to lab for analysis. "We will take necessary action after getting the analysis report," he said. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

EBOLA HEMORRHAGIC FEVER, SUSPECTED (Uganda): 22 Jan 2008, A 70 year old man, who was taken ill to Arua hospital over the weekend with severe bleeding through his body orifices and high fever, has died, sparking fears of a possible Ebola outbreak in the north west region. The man was reportedly heading to Koboko when he suddenly collapsed aboard a Gaaga bus and was rushed to the regional referral medical facility. "The deceased was brought around 6:30 pm on Saturday Jan 19. He was bleeding through the nose and on the tongue. Blood traces were also evident in his stool," Mr. Charles Olaro, the medical superintendent of Arua Hospital said, on Jan 21. Owing to the clinical symptoms the patient presented akin to that of the highly communicable hemorrhagic fever, Mr. Olaro said they decided to admit him into the isolation ward. "We could not take chances and decided to seclude the patient in order to protect both the hospital staff and public, just in case the patient was suffering from Ebola," he explained. Dr Sam Zaramba, the director general of health services, said they were treating the suspected Ebola infection in Arua as an "alert case". "The case is being investigated and body tissues of the deceased have been taken for examination for Ebola at the Uganda Virus Research Institute at Entebbe," Dr Zaramba said. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Angola): 22 Jan 2008, Luanda's Health Department has recorded 191 cases of cholera, including 174 recorded in the localities of Quilunda lagoon, Cacuaco district, since Jan 1. Speaking to ANGOP on Jan 21, the Health Department's provincial director, Vita Vemba, said that last week there were registered 88 new cases of the disease in localities close to Quilunda lagoon. Every week the Department reports cases of acute diarrhea, including cholera, affecting residents of Quilunda lagoon's localities due to consumption of untreated water and fish caught in that lagoon, said the health official, who also quoted 4 cases in Samba district, in Mussulo commune, and Camuxiba ward with 2 each, and 2 cases at Sao Pedro da Barra ward in Sambizanga district. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Mozambique): 22 Jan 2008, Since the end of 2007, heavy rainfalls have caused floods in different countries across southern Africa. Although floods are expected this time of year in Mozambique, the river levels are alarming and much higher than this time in 2007. Medecins Sans Frontieres (MSF) teams are intervening to mitigate the health impact of the floods. In Mozambique, it is estimated that since December 2007, 65,000 people living in the Zambezi basin have had to leave their home and resettle in camps in safer areas. In addition to those, many who had fled last year's floods have never returned to their home and need support as well. "Health wise, the main risks after floods are usually measles, and diarrheal diseases," says Dr Biot. "We will make sure that most children are vaccinated against measles, and that there is access to clean water in camps to avoid the propagation of waterborne diseases." A total of 4 confirmed cases of cholera have been spotted in Mutarara, and cholera treatment centers are being put in place to treat these patients and avoid further spread of the disease. As for clean water, MSF teams have been using trucks to deliver water

to camps, which also meant delivering tanks in some cases, and are distributing chlorination kits to the community, so that people can purify river water. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

MELIOIDOSIS (Australia): 23 Jan 2008, A person has died and 3 more are fighting for their lives in intensive care after contracting melioidosis in the Top End. A further 7 people have been diagnosed with the tropical disease this wet season, but have since been treated. One case was a visitor who developed the disease after returning to their home interstate. No children have been affected. The Northern Territory (NT) Department of Health and Community Services (DHCS) would not give the circumstances surrounding the death from the disease. All the department would say is that there had been cases "all over the Territory," including Darwin and Katherine and in remote areas. DHCS Centre for Disease Control director Vicki Krause warned that more people could fall victim to the disease before April. "This is a serious disease; every year we have people dying from melioidosis," she said. "We just want people to be reasonable and know they live in an environment where this bacteria is in the soil, particularly after rains." Melioidosis is caused by the bacteria *Burkholderia pseudomallei*. It killed 5 people in the Territory during the last Wet, and more than 30 cases were reported. Dr Krause said the bacteria lives below the soil's surface during the dry season but after heavy rainfall can be found in surface water and mud. She said it can also become airborne, and people are more at risk after cyclonic weather. There was widespread flooding in Darwin last week after the NT capital recorded its fifth highest ever rainfall since records were kept. It came a week after Cyclone Helen. (Melioidosis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, RHINOCEROS, SUSPECTED (India): 23 Jan 2008, A full grown rhino at a zoo in Assam died on Jan 22 of "suspected anthrax", forcing wildlife authorities to sound an alert and take steps to save other animals at the sprawling facility, authorities said. "The 30 year old male rhino died at its enclosure this morning, and based on microscopic and clinical observations, veterinarians have said it could be a case of suspected anthrax," Guwahati Zoo warden Narayan Mahanta told IANS. Mahanta, however, clarified that a conclusive picture would emerge after microbiological test reports are received after 72 hours. "We are not taking chances and have therefore buried the rhino carcass without any postmortem to prevent the possible spread of the disease, and have burnt the surface of the enclosure where the animal died," Mahanta said. Assam Forest and Environment Minister Rockybl Hussain reviewed the situation and has decided to vaccinate all animals at the zoo in Guwahati after taking expert advice. "The rhino was in seemingly good shape till yesterday. We were taken by surprise when it started bleeding this morning, a clinical sign of it being afflicted by possible anthrax," Mahanta said. Zoo authorities have put 5 other rhinos at the premises under "close observation". (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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